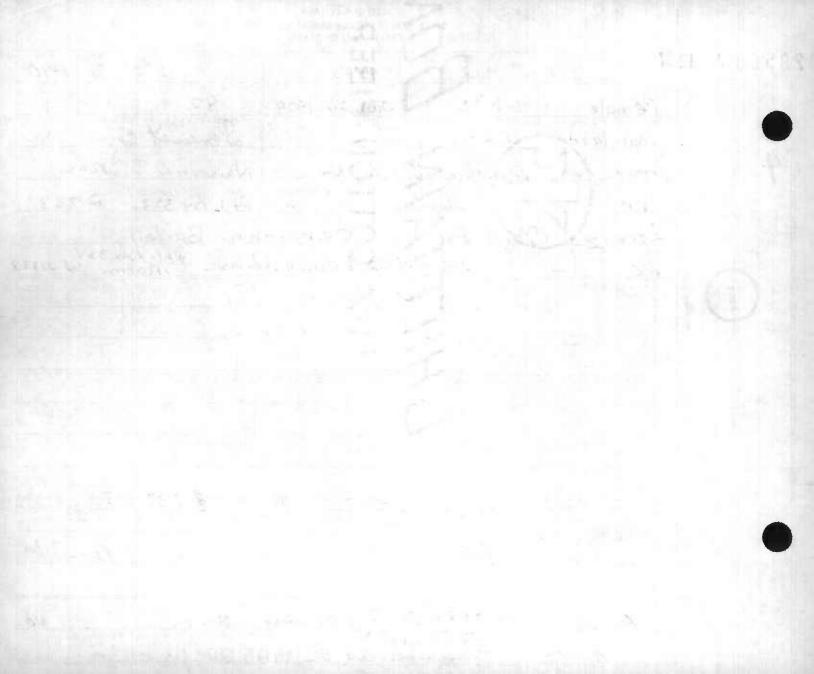
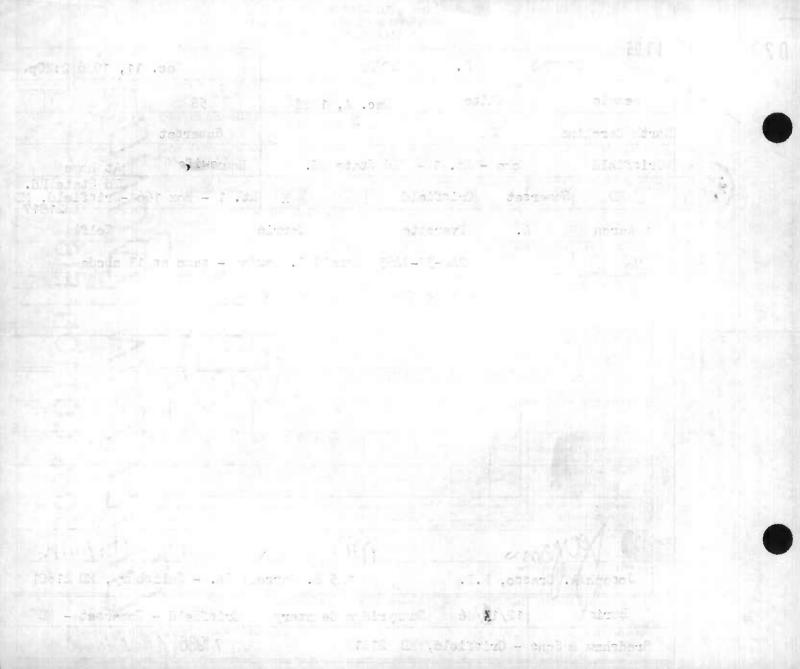
STATE OF MARYLAND



27602 DE	1.1	FOR - STATE REGISTRAR			CERTIF	E OF MARYLAND LEALTH AND MENTAL HYG LICATE OF DEATH	REG. NO		5 5 9	j
2 7 0 0 3 01			OTHY	S.	BOWD	EN EN	20 DATE OF DEATH	ec. 11,		20p
ge 4 may	1. 58	Female	4 RACE Whi	te	S. DATE O		6. AGE (IN YEARS LAST BIRT	MOT YRS.	UNDER LYEAR IF UN	NDER 24 HF
Post Post		RTHPLACE (STATE OR FORE COUNTRY) Carolina	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOW!	D NEVER MARRIED DIVORCED	Somers		FDEATH	
s offer	1	ITY OR TOWN OF DEATH risfield	HOME -	HOSPITAL, NURSIN	Old S	tate Rd.	170 USUAL OCCUPATION HOUSEWIFE	F WORKING LIFE)	126 KIND OF BUS INDUSTRY At home	SINESS
24 hour	13a.	AL RESIDENCE (IF NURSING STATE MD	COUNTY OMERSET	GIVE RESIDENCE BEFORE	ADMISSION)	13d. INSIDE CITY LIMITS?	Rt. 1 - Box	t 166 -	ld State Crisfiel	Rd.
1579	14. F.	ATHER'S NAME AFIRST	WIDDLE	Everette	a.	IS. MOTHER'S MAIDEN NA		355	Self	.181
Fages 1		WAS DECEASED EVER IN		166 SOCIAL SECU 240-38-8	RITY NO.	17 INFORMANT Donald L. Bo	ADDRE			
urres that the signed by the ten please remain, are puriol, are and ury, or other te	z	gave rise to immed couse (a), stating underlying cause 1 PART 2 OTHER SIGNIFIE	the DUE TO, C	OR AS A CONSEQUE		NOT RELATED TO THE TERM	ninal disease or cont	DITION GIVEN	IN PART }(a)	
N: The law required to the second to the sec	CERTIFICATION	19a. DATE OF OPERATION	YING 21b. TIME (OF INJURY		N WAS PERFORMED	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	IN CERTIFYIN		USED DEATH?
uG PHYSICIAN ottending phy Her this certificate by the buriol-trip hand Mentol Inrked or Hem I	MEDICAL	OR CONTRIBUTING CAUS (IF EITHER NOTIFY MEDICAL B 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	(XAMINER) P	A.M. MONTH DA P.M. OF INJURY TREET, FACTORY, OFFICE, F.	19	211. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
AL OR ATTENDII the hospital or AL DIRECTOR: A letached for use the Dept. of Heal T: if them 21 is mus		27a.) certify that (1) (this saw the deceased abave, (1) (we) (did) 27b SIGNAT		19_	, oi	DEGREE ATTENDING PHYSICIAN	death occurred on the do		, (es stated
TO HOSPITAL retoined by the TO FUNERAL should be determined with the State IMPORTANT.	1	Joseph A.	rasso, M	.D.		145 E. Carr	7		y, MD 21	801
BP	23a	BURIAL, CREMATION, REA (SPECIFY) Burial	12/13,	1		dge Cemetery	23d LOCATION Cristiele	1 - Som	ounty erset -	MD
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR	Sons - Cri	sfieldoressM	D 21	817 250 DAT	E REC'D. BY REGISTRAR	256. REGISTRA	R'S SIGNATURE	رد کی



1128	3136 NE		FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENES O 3	6 3 7 0
0 2 0	J J U UL	6 44	DECEASED NAME FIRST	WIDDLE	LAST		DAY ' YEAR 26 HOUR
	o the co	3	ITYPE OR PRINT) Alma	Ann	Ford	Dec. 10.	1986 5:45Pm
	poge proge		. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	tor, offe		Mana Ta	dana and an	NONTH DAY YEAR	1	MONTHS DAYS HOURS MIN.
	direction and	2	Female BIRTHPLACE (STATE OR FOREIGN	Caucasian 76. CITIZEN OF WHAT COUNTRY	07 3 1930	9. BALTIMORE CITY OR COUNTY	OFDEATH
	rol o	34	COUNTRY		MARRIED NEVER MARRIED		OF BEATH
100	deo deo	4	Maryland O. CITY OR TOWN OF DEATH	U.S.	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	Somerset	MD.
	the the	2/1	U. CITT OR TO WIN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	T ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
201	by the	4	Fairmount	Star Route.	Box 196	Housewife	ha
MARYLAND 2120	t hou	21	ISUAL RESIDENCE (IF NURSING HOME O 130. STATE 136 COU	NTY 13c. CITY OR TO	RE ADMISSION) NN 13d. INSIDE CITY LIMITS?	130. STREET ADDRESS	4811
AN	2 E 2 E	2	Md Some	erset Fairmon	int YES NO [Star Route.	Box 196
RYL	etely 12 sh	100	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
AA	ed w	71	Dulaney	Meredith			-French
m,	to co	1	60. WAS DECEASED EVER IN U.S. AL	115 MAR OR D. 755		Star Route	, Box 196
BALTIMORE,	20 00 m	/	NO	215-26	-7309 Emory Ford	Westover.	
ALT	4 34 4			nly ane cause per line far (a), (b), a			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	AINI		PART I DEATH WAS CAUSE	FD RV.	Mesodermal Mi	xed Tumor of	
W. PRESTON ST.,	(8 Peg) 9		IMMEDIA			Uterus.	7900.
010	1 12		Conditions if any which	DUE TO, OR AS A CONSEOU	JENCE OF		
- A	e de company		Conditions, if any, which gave rise to immediate	16)			
3	by th		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQU	JENCE OF		
201	s the		PARTO OTHER CIGALISTS	(c)			
	sign sign o bu			CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIV	EN IN PART Ita
DIVISION OF VITAL RECORDS,	it. The	-	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	18h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF YES	, WERE FINDINGS USED
SEC.	low los be le pri	1	DE DATE OF OPERATION	170. CONDITION FOR WHIC	OPERATION WAS PERFORMED	IN CERTIF	YING CAUSES OF DEATH?
TAL	The icion te he sit p gien	and the same		216, TIME OF INJURY	Tata HOW INTURY OCCUP		S NO
>	physical Hifted I-fron ol Hy	15	OR CONTRIBUTION C CALLES OF DE		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	ART 1 OR PART 2)
0	SIC Cent cent ent	7	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
SOS	PHY ending this of M		(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	PARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
2	offer of the horker		WHILE NOT WHILE				HAVE IN LANGUAGE
	NOI Lor Use Lealing			ital) attended the deceased from	January, 19 B	. to 10 0ec.	19_86_, that (I) (we) lost
	OR ATTEN or hospital DIRECTOR sched for u Dept. of He		saw the deceased alive at above, (I) (we) (did no	ot) view the body ofter death.	86, and that in (my) (our) opinion	death occurred on the date and hou	and from the couses stated
- 4	har har her		22b. SIGNATURE	-17	DEGREE		22c. DATE SIGNED
	the the Detacletoc	/	46	1 fait	Ay. O ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12/12/80
	SPITA SPITA SPITA NERA be do e Sto	71	224. PHY CIAN'S NAME (TYPE	OR PRINT	22a. ADDRESS		
	TO HOSPITAL of the retained by the TO FUNERAL should be deto with the State [IMPORTANT: If		Janes E	Markly .	MID. 145 E.	Carro 11 5t 5	salisbur ma
	Spe 5 de M		3a. BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	7
	BP		(SPECIFY)			CITY OR TOWN	COUNTY STATE
			Burial M. FUNERAL DIRECTOR	112/13/86	Fairmount 1250 DA	Fairmount So	mercet Md
	DHMH - 16 50M 4/8	32	O NAME	ADDRESS ADDRESS	, md 21853 NF	0 0 7 1006 /	giv " _A
	(VRA 15, 4)		James & Hom	man Trans	v. 714 21035 11	623 1900 Autia	Devidson-Pand

25 ES LA SEL BESS 10, 1986 5,66 igin ount ten outs, outs, our sein -1 = F ama לבני נמולם, מי 1

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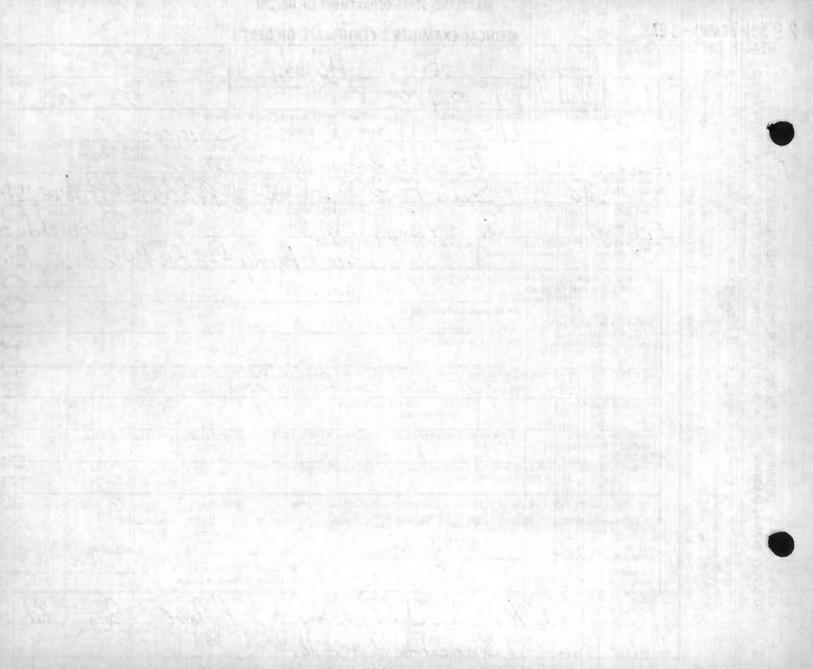
James J. Harris and Committee and J. Comp. 3 Table 1 and Comp.

filled in by the funeral	Ma 76. BIRT COL Ma 10 CITY Pri USUAL 130 STA	HPLACE (STATE OR FUNTRY) OR TOWN OF DEA NCESS AT RESIDENCE (IF NURS	nne	Whit Whit Th. CITIZEN OF U.S. 11. NAME OF R (IFNOT IN SUC	WHAT COUN	5. DATE C MONTH Marc	DAY	YEAR 04 8 B	REG. NO DATE OF DEATH 2-20-86 GE (IN YEARS LAST BIR) 82 ALTIMORE CITY OF	HDAY) . IF	UNDER I YEAR	26 HOUR
n 24 hours ofter death filled in by the funeral AGG be liked - m 72	Ma 10 CITY Pri USUAL 130 STA	HPLACE (STATE OR FUNTRY) OR TOWN OF DEA NCESS AT RESIDENCE (IF NURS	nne	Whit 76. CITIZEN OF U.S. 11. NAME OF H (IF NOT IN SUC	WHAT COUN	Marc ITRY? 8 MARRIE	h 9, 19	VEAR 04	-82	YRS	INTHS DAYS	
n 24 hours other death filled in by the funeral MGG be filed - m 772 MA righted duale	Ma 10 CITY Pri USUAL 130 STA	OR TOWN OF DEA COSS AL RESIDENCE (IF NURS ATE	nne	U.S.		MARRIE	NEVER MARR	RIED 9 B	ALTIMORE CITY OF	R COUNTY C	F DEATH	
n 24 hours ofte tilled in by the MGG be liked	Pri USUAL 130 STA	ncess At	nne	(IF NOT IN SUC	HOSPITAL NI			CED 🗆	Some			
3 1935	13a STA	ATE			n Mar	STREET ADDRESS)	sing Ho	(TYF	USUAL OCCUPATION OF OF WORK FOR MOST OF MEChani	WORKING LIFE)	126 KIND OF INDUSTRY Auto	
1 1/9/		ryland	1136 COUN		13c. CITY OR Princ	TOWN		X	STREET ADDRESS /	ZIP CODE	218	15
1 1/10	WEST CHEST	Willia	a m	MIDDLE	Ford	3		DEN NAME Carrie			Hewi	tt
be essent	160 WA	S DECEASED EVER		MED FORCES? E WAR OR DATES)		SECURITY NO. 24-2082	Mrs. Pe	eggy H	[olland,	SS Route Prin	e 3 Cess /	
in the the death or the attending place carbon contains as a contain as a contain as a contain to a contain the trainmatter.		Conditions, if any, gove rise to immoduse (a), statin underlying cause	mediote ig the last.	(b)	r as a cons	SEQUENCE OF	NOT RELATED TO 1	THE TERMINAL	. DISEASE OR CONE	DITION GIVE	N IN PART II.	
be loss figures of the second	NOL	DATE OF OPER	price	Bran	- E	ndim	WAS PERFORME	D 2	OG AUTOPSY?	20b. IF YES,	WERE FINDING CAUSES	GS USE
HYSICIA deng ph deng ph Saviatia Mantal	CAL	Id. ACCIDENT WAS UND OR CONTRIBUTING () O LIFEITHER NOTIFY MEDIC Id. INJURY OCCURR	CALEXAMINER	HOUR A.	M. MONTH M. OF INJURY	DAY YEAR	21t. HOW INJURY	OCCURRED	ENTER NATURE OF INJUR		COUNTY	s
TENDING Property or offer the rose os the for use os the of Health and 21 is marked	A	Ral certify that (1) saw the decease above, (1) (we) (c	(this hospited alive an	tol) attended to	e deceased to	rom	d that in (my) (aur)		to	te and havi d		hat (I) (v
ITAL OR A by the hos by the hos at DIREC setoched leave Dept.		2b. SIGNATURE	Hey	man	/	ms	PHYS	IDING DIE	EDICAL STAF	F IAN []	1 Z	IGNED - Z
TO HOSP TO FUNE TO FUNE THE S		d PHYSICIAN'S NA	V				22e ADDRESS					
BP		Burial	REMOVAL	12/22	/86	Fairm	emetery or crem ount		Id LOCATION CITY OF TOWN Fairmour		county Omerse	et.

STATE OF MARYLAND

ite son, line All the second s The state of the s to your feet of the fateur istances, increase, said

1		MARYLAND STATE DEPARTMENT OF HEALTH	
2 9 FOR STATE! -	38	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 6 3 6	0 4 3
		(ype or Print) OF ESTI-	Pay Year 2b. HOUR
loy is 13 to Page	3. SE	SCOPGE DEATH MATED	. 19 M 2d. HOUR
If ony deloy is st. 1, 2, and 3 to arm PM3. Page	3. 30	MAA 1-1-1904 Pageday) MONTHS DAYS HOURS MIN MONTH 12. DOY 22	Year 19 86 M
опу 1, 2, п Р	7o. 8	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 17y) WIDOWED 10 DIVORCED 9.	
h If h If I form	10. C	710	Md. 2b. KIND OF BUSINESS OR
deoth with with	1	HINES ANNE give alget address) 2434 for ANNE No. during most of working life, even if retired.) IN	DUSTRY 2/853
one, Mad 212 s after death 18. Give Pages e along with far 2 with the State		USUAL RESIDENCE (Where, deceased lived, if instruction: Residence before 13c. CMY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER. THE MINISTREE OF THE STREET AND NUMBER. THE STREET AND NUMBER. THE STREET AND NUMBER.	Pr. Avis Nd
NLTIM hour litem Office	14. F	ATHER'S, NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle)eshiEld
hin niner page	16a. (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. / 17. INFORMANT Kabert Hardy RT3 Rix 434P	ANNE Ad.
The state of the s		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
A M DA	13	DI E TO OR AS A CONSEQUIENCE OF	
		Conditions, if ony, which gove nise to immediate couse (a), (b) ASCVD	
should be to should be to word 'pen or the Chief or the Chief in any ever	9	stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	
AL RECORDS, 301 V s certificate should e, writing the word forworded to the Charged as a burial-treatment.		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
tifica tifica riting ordec	NON	Jenorhagie fefthe velle disease. 190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION	20. AUTOPSY?
	LIFICAL	WAS PERFORMED?	YES NO NO
<u> </u>	MEDICAL CERTIFICATION	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	18.}
EXAMINER: ute the certiage 4 should your files. Page 3 shoul	ME	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, factory, office building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town factory, office building, etc.)	County State
DIV Cecute Page for yay		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry,	ond in my opinion
DIVIS MEDICAL EXAM bleose execute th director. Page 4 etained for your DIRECTOR: Page r to buriol, crem	N.	death resulted from: Natural causes 🖳 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined monner 🗌	
		ACTUAL SIGNATURE Charles CHIEF MEDICAL EXAMINER AD ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	GNED 0-7
		EXAMINER'S DEPUTY MEDICAL EXAMINER	1-2-8/
DEF Cess for	00	NAME (Type) ADDRESS (Street, city, town, or county)	(6.1)
10 10 10 10		REMOVANISPECIFY) 1 1/207	County) (State)
VR A15ME (5) 10M - 1/69	24.	FUNERAL DIRECTOR JADDRESS ADDRESS ADDRESS ADDRESS ADDRESS AND DATAN 7 1987 Julia David	SNATURIA .



	1	FOR			TATE OF N		IVCIENE A	7 6	. 4	-3
	1-	STATE	AA	EDICAL EXAM		AND MENTAL H	PENEATH	3 0	3 1	1
6713 DEC	1 DE	REGISTRAR CEASED NAME FIRST	744	MIDDLE	IIIAEK 3 C	LAST	20. DATE KNOV	EG. NO.	DAY YEAR	76 HOUR
W	(17)	CEASED NAME FIRST DE OR PRINT)	ma h	В.	U	o w le i w a	OF EST DEATH MAT	1.	6 1986	8AM
ES ARY, PLEASE THE DIRECTOR. POUR FILES. HIN 72 HOURS ESTON STREET,	3 SE		IS DATE OF BIRT		IN YEARS IF UN	ankins DER I YR. LIF UNDER		MONTH	DAY YEAR	2d HOUR
REC PREC 2 HC 2 HC			MONTH PA	Y YEAR LAST BI	RTHDAY) MONTH		MIN PRONOUNCED DEAD	Dec.6	.1086	
80070		emale White	7. CITIZEN OF	,1906 80	YRS,		9. BALTIMORE			M
日本の主教と	FC	PREIGN COUNTRY)				ED NEVER MARR	IED U		III OF DEATH	
型音点を		est Virginia		OSPITAL, NURSING H	WIDOW	47	120 USUAL OCCUPATIO	erset	1126 KIND OF BUS	MD.
2. 五.			(IF NOT IN SUCH	FACILITY, GIVE STREET ADDR	ESS)	EK INSTITUTION	FOR MOST OF WORKING LI	FE)	OR INDUSTR	SILAE 22
DE SE		rincess Anne		chwood St		St	Secretar	У	L,-	-
¥38	13a S	TATE 136. COL	YINL	13c. CITY OR TOW	/N		13e STREET ADDRESS		H 80	55
程學之	-		merset	Hrincess	Anne		Beechw	ood St	•	1
401	J.E.	ATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAID	EN NAME MIDDLE		LAST	
70/1	1	George	W.	Beahler		Hele			Bunner	
5 Sas /			ARMED FORCES? IVE WAR OR DATES)	166. SOCIAL SEC		17 INFORMANT	AD	DRESS		
NISH /		No		214-28-	-3011	James B	· Hankins.	Prince		
200		18 CAUSE OF DEATH (Enter PART I DEATH WAS CAUS	anly ane cause per li	ine for (0) (9), and (4)	I in	27			APPROXIMATE BETWEEN ONLY	AND DEATH
A ERENT			IATE CAUSE (o)	Toll	0 /	1-			Saftal	Mary .
A STAN				OR AS A CONSEQUE	ICE OF	01/	Cyease		War.	
SAN AN	18	Conditions, if ony, whi gave rise to immedia	ite (b)	Hyperun	vuu	(10	egease		1 auch	
3520	-	cause (a) stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUEN	ICE OF					
N N			(c)				1.00 20			19.0
图落	1.	PART 2 OTHER SIGNIFICANT COMDITIO	CHIEFFUTING TO BEA	TH BUILDE BELATED TO THE	THEMPHAL DISEASE	ONE MOITION GIVEN IN PA	WI Lie.			
200	INCATION	Cara	un an	very ,	May	Menna				114
# d	13	19L DATE OF OPERATION	196 CON	DITION FOR WHICH O	PERATION V	A PERFORMED?			78 AUTOPSY?	
08/	E			/	September 1			813-513	YES 🗆	NO []
07	CBR	210 EXTERNAL CAUSE WAS		OF INJURY	YEAR ZIC HO	OW INJURY OCCURRE	ED LENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PA	ART 2)	-31/
8	18	CONTRIBUTING CAUSE C	F DEATH P	.M. 19			Series In			
a.	1	214 INJURY OCCURRED	21e PLAC	E OF INJURY (AT HON ACTORY, FARM, ETC.)		CATION	CITY OR TOWN	C	DUNTY	STATE
	12	WHILE NOT WHILE AT WORK							70,411	JIAIL
E ST.		22a. 1 certify that I took g	orge of the remains	described above held	an Autop	sy , Inspectio	in . Inquiry .	and in my a	pipign	
E Z	13	/	tural causes	Accident .	Suicide	Homicide .	Undetermined manner		pinian	
NA THE PARTY OF TH		death resolled fram	miral cooses	2	Juicide L	TITLE (SPECIFY)	Undetermined manner	L.,		
DY.		ACTUAL A COM	mes /	1 th	they .		MEDICAL EVALUATE	DATE	12-5-	-86
NEATH NORE	1	1			1	.0	MEDICAL EXAMINER	SIGN	ED_	
記録行	9	TAM NER'S NAME	10G A.	Sterling	/	ADDRESS				
A PA	23a, B	URIAL, CREMATION, REMOVAL			-	R CREMATORY	23d LOCATION			
	(Burial	10/0/							ATE
	24 F	UNERAL DIRECTOR	12/0/	1000	marew	25a, DATE	Princess REC D BY TOWNER 735 10 1986	REGISTRARIS	SIGNATURA	ld.
- 17 AE (5))		NAME) 9 1.1	. ADOR	P a	-	- UEL	10 1980 9	ALL PORTOR		
4/92		yames & Mu	mm	Mun	me Th	9				

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0281	5 DEC 2	DE	REGISTRAR GEASED NAME FOR PRINT)	FIRST		MIDDLE	XAMINER'	LAST			TE KNOWN	NO.	1 DAY 1	YEAR 26 H	OUR
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SEX		CHARL	ES S. DATE OF BIRTH	T.		UNDER 1 YR.		DEA	TH MATED	Dec MONTH	.19,198	T I	3:15 M
	ARY, PI L DIRECTOUR TOUR TOUR TON ST	CO ^{CC}		White		1967	19 YRS.	ONTHS DAYS	HOURS	MIN PRON	DUNCED EAD	Dec. 1		6 10	3:45
	IV IS NECESSARY, PLEASE THE FUNERAL DIRECTOR. GOGS 5 EAR YOUR FILES. RIED WITHIN 72 HOURS. 304 W PRESTON STREET.	M	RTHPLACE (STATE (REIGN COUNTRY)		76. CITIZEN OF WE	A.	MA	RRIED NE	EVER MARRIE	D X		t Coun	NTY OF DEAT	/H	MD.
	FESES)	C	risfield		II. NAME OF HOS (IF NOT IN SUCH FAIR Mariners	Road	(Auto A			FOR MOST OF Airman	WORKING LIFE		OR INC	DUSTRY	
21201	F ANY DELA AND 3 TO FETAIN PARTICULD BE J	13a. S		13b COUNTY	or other institution, GIV TY Ier Set	113c CITY C		13d. INSIDE (CITY LIMITS?	13e STREET AD 25 Chi	DRESS isty	Drive	(2181		
WD.	H		William		MIDDLE Edgar	Just	ice		ER'S MAIDEI	NAME	WIDDLE		Sterli		
BALTIMORE,	DURS AFTER DEAT 8. GIVE PAGES 1 WITH FOIL T. PAGES 1 DIVISION OF WITH	(YI	VAS DECEASED EV ES. NO. OR UNKNOWN) Yes	ER IN U.S. ARA	MED FORCES? WAR OR DATES)		al security NO. 90-2647	Wm.		Justice	ADDR	RESS	13 a,		1.0
DS, 301 W. PRESTON ST.	SECURED WITHING THOURS, A SECURED IN TERM 18, GIVEN BEILDER WITH THE WORLD WITH THE WITH THE TOTAL THOUSENESS OF THE SECURED SECURED IN THE SECURED SE	7	Canditians, i gave rise to cause (a) state lying cause lo	f any, which a immediate ing the under-	DUE TO, OR	Fracti as a cons as a cons	ured Cerrequence of			T 1 iol.			BETYPEEN	laters	Need.
VITAL RECOR	SHOULD III	CERTIFICATION	19a. DATE OF OPE				HICH OPERATION						20. AUTO		
DIVISION OF	THE ATTHE W	CAL	216 EXTERNAL CAUNDERLYING CONTRIBUTING [OR CAUSE OF D	21b. TIME OF HOUR A.M DEATH 10:15M. 21e PLACE O	p.m.	19,1986	Auto A	ccider				ART 2)		
VIQ.	WAR WAR	W	WHILE NO	WORK X	Marin	ers Re	à.	Marine		_	isfie	ld S	omer se	t M	/d.
•	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORN TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S' BATTMORE, MARMAND 2		220. I certify the death resulted from ACTUAL SIGNATURE	Natur	e of the remains described al causes	Accident	Suicide	M.D	eputy	Undetermined MEDICALE Main S	(AMINER	and in my a DATE SIGN risfie	12/	/22/86 1. 218	
	Bb———Bb———	230. BL	PECIFY) Buria		36. DATE 12/22/86		ME OF CEMETER			23d LOCATIO CITY OR TOWN Crisfi	eld		rset	STATE Md.	
	DHMH · 17 (VR A15 ME (5)) 15M 7/77	H 05	NERAL DIRECTOR		Crisfi				25g. DATE RI	EC'D. BY REGIS 2 3 1986		EGISTRAR'S		-	

Even Total and married and house was former and beat view necee and the color of t Analyzana de la companya de la compa And the second of the state of the second of 100 de carba de activita de space activitado e como de activita Exercises exist as a second of the second of

director, page 3 Thours after death beth threading physician and completely filled in by the immost carbon papers. Pages 1 and 2 should be filled be the design of removal. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR. After this certificate has been sign should be detached for use as the bunal-transit permit. Then a with the State Dept. of Health and Mental Hygiene prior to but TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

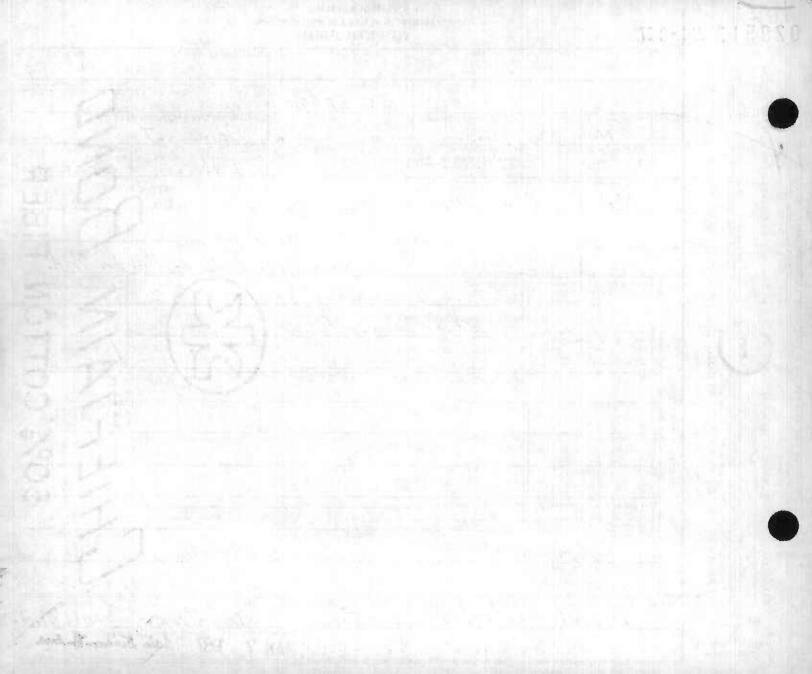
BP. DHMH - 16 60M 7 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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JAN	18	FOR STATE REGISTRAR	DEPARTM		ELLTH AND MENTAL HYGI	IENE 5 C	5 0	
		CEASED NAME FIRST	MIDDLE	(IAST .		MONTH DAY YEA	R 26 HOUR
	TYPE	Beauch	namp, Lola			1	2-24-86	12:17a
	3. SE	x	4. RACE	S. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRT		
		Female	Negro	OC.		76	YRS MONTHS DA	AYS HOURS MIN.
7		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MAPPIE	D NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	1
)	-3	M4.	0.5.	WIDOW		SOME	SET	MD.
7	10. C	TY OR TOWN OF DEATH Crisfield	11. NAME OF HOSPITAL, NURSIN LIFNOT IN SUCH FACILITY, CIVE STREET A Edw. W. McCreac		norial Hosp.	12a USUAL OCCUPATION TYPE OF WORK FOR AOST OF	WORKING LIFE) INDUST	
_	PISTI.		OTHER INSTITUTION GIVE RESIDENCE BEFORE	_	ioriar nosp.	LAPOR	Er S	EH tood
5	13a S	STATE 136 COUN	Som. Som Mario	N	136. INSIDE CITY LIMITS?	130 STREET ADDRESS /	ZIP CODE	21838.
0	14 FA	ATHER'S NAME FIRST	MIDDLE RIAST //	me	15 MOTHER'S MAIDEN NAM	ME		LAST
1	160 V	VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SECU	RITYNO	17 INFORMANT	ADDRE	SS .	
			2 16-12-1	/	Anna Ma	AE RollEY	· MArion	Md.
1		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and	Tic.			BETW	PROXIMATE INTERVAL EEN ONSET AND DEATH
		PART I. DEATH WAS CAUSE	DBY Acute &	espe	ratory fac	lure		
	1	9/2	DUE TO, OR AS A CONSEQUE	NCE OF		1-10-1		
		Conditions, if any, which		ahr	on			
		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF		1 1	. /	
		underlying cause last	abelor		pain - Eti	o undete	inined	
	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE OR CON	DITION GIVEN IN PAR	I lia
	CERTIFICATION	19g. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	IN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIR	VDINGS HSED
7	IFIC,	THE OF CHAMICS		O. EKANO	THO TENTONINED		IN CERTIFYING CAU	SES OF DEATH?
+	ERT	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY	-	21c. HOW INJURY OCCURR	YES NO	YES O	NO 🗌
7	_	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA		The state of the s	TENTER INVIORE OF MAJOR	THE TO PART TO TAK	. 41
1	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e. PLACE OF INJURY	19	21f LOCATION			
0	MEC	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE FA	ARM, ETC)	STREET	CITY OR TO	wn COUNTY	STATE
7		22a.1 certify that (1) (this hospi	tal) attended the deceased from_		. 19	, to		_, that (1) (we) lost
		saw the deceased alive an	t) view the body after death.	, a	nd that in (my) (aur) opinion o	death occurred an the do	te and haur and fram	the causes stated
19		226 SIGNATURE	The wife body one; deam.		DEGREE			ATE SIGNED
1		TAKE	dellestos		ATTENDING PHYSICIAN TO	MEDICAL STAF	F IAN []	2/24/8%
1		THE PHYSICIAN'S NAME TYPE O	DR PRINT)		22e ADDRESS			1
1		Dr. Christjor				t., Princes	s Anne, Md	
	23a E	BURIAL, CREMATION, REMOVAL	236 DATE / 23c N	AME OF C	EMETERY OR CREMATORY	236 LOCATION	COUNT	STATE
		DUTIAL	12/24/86	W	estourr	WRSIC	WIEL DI	om md.
84	24. FU	UNERAL DIRECTOR	C. C. MODREO:	.1.4)		REC'D. BY REGISTRAR	256 REGISTRAR'S SIGI	NATUR
		Anthony ward,	Cove St., Crisfie	ziu, i	Md. 21817 14	1 1001	Municipal Brown	1



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STATE OF MARYLAND

P	STATE			DEPARIM			ND MENTAL HTG	IENE 9	-			
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3. SE	Х		4 RACE	Your Co.	5. DATE C			6 AGE IN	YEARS LAST BIRT		FUNDER I YEAR	IF UNDER 24 HRS
	Male		Whit	е	May	25,	1902		34	YRS	ONTHS DAYS	HOURS MIN.
	IRTHPLACE (STATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B AAA DDUS	- FI NES	ER MARRIED	9 BALTIMO	ORE CITY O	R COUNTY	OF DEATH	
	Germany		U.S	.A.	WIDOWE		DIVORCED []	Some	erset.	County	UT.	MD
10 C	ITY OR TOWN OF DEA	ATH		HOSPITAL, NURSIN	IG HOME C		INSTITUTION	120 USUAL	OCCUPATION		126 KIND O	F BUSINESS OR
	Crisfield	518		dy Memori		spit	al		inessm			atessen
	ALRESIDENCE (IF NURS STATE Maryland	13b COUN		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Crisfie	N	13d INSI	DE CITY LIMITS?		ADDRESS /	ZIP CODE	1 Lane	(21817
14 F	ATHER'S NAME	COE	er sec	OTTELLE	Lu		HER'S MAIDEN NA		10	name.	r pane	(21011
	Ludwig		MIDDLE	Massar		13 1401	Barbara		WIDDIE		Schmi	
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	cause (a), statin		DUE TO, O	R AS A CONSEQUE	NCE OF	7						
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TIC	19g DATE OF OPERA	TION	TIBL CONID	TION FOR WHICH	OBERATIO	CA C	PEOPUED	200 AUT	COPSY?	Tank IE VES	WERE FINDIN	ICS USED
FIC.	198 DATE OF OPERA	11014	190 COND	TION FOR WHICH	OFERATIO	IA AA WO LE	Krokmed	/		IN CERTIFY	TING CAUSES	OF DEATH?
CERTIFICATION	21a ACCIDENT WAS UND	ALDIANA F	21b. TIME O	E IN LITTON		Tare HO	W IN HURY OCCUP	YES	NO	YES		NO 🗌
	OR CONTRIBUTING		MOUD A	M. MONTH DA	YEAR	ZIENO	W INJURY OCCUR	KED LENTER N	ATURE OF INJUR	Y IN ITEM 18 PA	ART I OR FART 2)	
CA	(IF EITHER NOTIFY MEDI				19					271-01		
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	AT WORK AT WO	RK L				<u> </u>						
	22a.l certify that (I)		100		3/0	2/	1/4 19 Ede	, to	121	14.		that (I) (we) last
	saw the decease above, (1) (we) (c	ed alive on, did) (did not) view the body	atter death.			(my) (aur) apinian	death occurr	ed on the do	ite and hour		
	226 SIGNATURE	-	-	- A		DEGREE	ATTENIO	MERICA	07.0	-	22c. DATE	SIGNED
	1 x	-	1	1		KID	PHYSICIAN I	DIRECTOR	STAF	IAN	117	114 B6

2/2 PRYSICIAN'S NEME (THE BERTHIN) Jesus Evangelista, 236 BURIAL, CREMATION, REMOVAL THE DATE OF THE PROPERTY OF THE

McCready Hospital- Crisfield, Md. 23c. NAME OF CEMETERY OR CREMATORY

22e ADDRESS

236 LOCATION CITY OR TOWN

COUNTY STATE

24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 (VRA 15, 4)

Anatomy Board

Balto., Md.

250. PATE RECP. BY REIDSBAR 256 REGISTRAR SEIGNANCE LAS

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Glen Haven Mem. Park

21817

Glen Burnie - Arundel - MD

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4) Burial

24 FUNERAL DIRECTOR

12/8/86

Bradshaw & Sons - Crisfield, MD

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST SCRTIFICATE SHOULD BE EXECUTED WITHIN 24 RITING THE WORD "PENDING" IN PENCIL IN ITEM ROED TO THE CHIEF MEDICAL EXAMINER ALCING E3 SHOULD BE USED AS A BURIAL - TRANSIT PENN EDEPARTMENT OF HEALTH AND MENTAL HYGHENE FOR FRIOR TO BURIAD, CREMATION, OR REMOVAL		lying cou	use lost.	(c)									
EXECTIONS.		PART 2 OTHER S	IGNIFICANT CONDITIONS		TH BUT NOT RELATED T	O THE TERMIN	AL DISEASE OR CO	ONOITION GIVEN IN I	ART 1 (a)				
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TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW. TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2	23a.BI	JRIAL, CREMA	TION, REMOVAL 2	3h DATE	23c. NAM	NE OF CEME	TERY OR CRE		23d. LOC	TATION			
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_ DHMH - 17 (VR A15 ME (5))		NAME	1 Him	ADDRE	ss Prin	cess	Anne	9	PH U	1987	efulia do	endern- Rone	lace.
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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO I. DECEASED NAME FIRST 20. DATE KNOWN (TYPE OR PRINT) 20 86 Olden White DEATH MATED AGE (IN YEARS IF UNDER 1 YR 5. DATE OF BIRTH IF UNDER 24 HRS 2c. DATE LAST BIRTHDAY PRONOUNCED May 15 DEAD TO BIRTHPLACE ISTATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED TENEVER MARRIED FOREIGN COUNTRY) Md WIDOWED DIVORCED Somerset D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Princess Retired Fireman Home 3a STATE 13c CITY OR TOWN 134: INSIDE CITY LIMITS? 13e. STREET ADDRESS Somerset Md Anne NO [Hampden 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Algie White Mamie D 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Salisbury Md (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Harrison White 1511Esquire No APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE DI Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A SANSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (6) CERTIFICATION USED / 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? RTMENT OF HE NO [SHOULD BE 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE (BALLYMORE, MARYLAND, 21201 22a I certify that I taok charge of the remains described above, held an Autopsy Inspection and in my apinion death resulted from Notural courts Suicide Homicide Undetermined monner SHOULD TITLE (SPECIFY) SIGNATURE MEDICAL EXAMINER W. Main Street Crisfield, MD ADDRESS 320 James 230.BURIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF 23d. LOCATION Burlal BP 24 FUNERAL DIRECTOR **DHMH - 17** ADDRESS H James (VR A15 ME (5)) PrAnne 20M 4/B2

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